STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155362	A. BUILDING _____ B. WING _____	R 01/14/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN LIVING CENTER-MERRILLVILLE	**8800 VIRGINIA PL MERRILLVILLE, IN 46410**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
{F 000}	INITIAL COMMENTS	{F 000}		

This visit was for the Post Survey Revisit (PSR) to the Recertification and State Licensure Survey completed on November 19, 2015.

This visit was in conjunction with the Investigation of Complaints IN00187605, IN00189225 and IN00189491.

Survey dates: January 13 and 14, 2016.

Facility number: 000253
Provider number: 155362
AIM number 100266660

Census bed type:
SNF/NF: 139
Total: 139

Census payor type:
Medicare: 14
Medicaid: 104
Other: 21
Total: 139

Sample: 13

Golden Living Center-Merrillville was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2-3.1 in regard to the Post Survey Revisit (PSR) to the Recertification and State Licensure Survey.

Quality review completed by 26143, on January 20,2016.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE